

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of the services of The Circuit Inc., its agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "TC"), I hereby agree to release and discharge TC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

services or facilities, at thi both known and unknown	s location and all other look, which could result in ph	ous activity, and that the actions, both climbing and hysical or emotional injury, imong others, equipment	non-climbing rela paralysis, death failure, falling clir	ted, entail significant risks,
I expressly agree and unknown, whether caused is purely voluntary, and I e	or alleged to be caused b	y the negligent acts or omi	ssions of TC. My	
	ΓC), and acknowledge that	limbing facilities and equip these safety features and tection from bodily harm or	precautions may i	
 I hereby voluntarily rele demands, or causes of a equipment or facilities, incl 	ction, which are in any w	ay connected with my par	ticipation in this a	activity or my use of TC's
officers, directors, shareho	olders, agents, employees sed against any of them in	whether in court or in arbit and representatives of TO any way connected with, y law.	C, in connection warrising out of, or i	vith any claim which could
Should TC or anyone agree to indemnify and hol		equired to incur attorney's to fees and costs.		enforce this agreement, I
agree to bear the costs of	such injury or damage mystety in this activity, or else	any injury or damage I may self. I further certify that I ha e I am willing to assume –	ave no medical or and bear the cos	physical conditions, which
8. I agree that the validity substantive law of Oregon,				sk will be governed by the Adult Initials:
9. I agree to abide by the	rules of the facility.		A	Adult Initials:
By signing this document, I ack may be found by a court of law have released them herein				
I HAVE HAD SUFFICIENT OPPOR ABOUT THIS DOCUMENT. I HAV				
Participant's Name:	Signat	ure of Adult Participant:		Date:
Address:	· · · · · · · · · · · · · · · · · · ·	City:	State:	Zip:
Birth Date: P	hone:	Email Address:		
PARENT'S OR GUARDIAN'S A	ADDITIONAL INDEMNIFIC	CATION (Must be complete	d for participants	under the age of 18)
In consideration ofits activities and to use its equi which are brought by, or on beh	pment and facilities, I furtl	her agree to indemnify and	l hold harmless T	C from any and all Claims
Parent or Guardian Name:		Signature:		Date: